

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012425
STATE FILE NUMBER

FILED MAY 11 1959

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 449

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph 0117 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hospital		Length of stay in lb 60 years	d. STREET ADDRESS (If outside, give location) 1955 Clay Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE Last ANNIE LEE SMITH			4. DATE OF DEATH Month Day Year April 23, 1959
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 2. WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 5, 1871
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Perry County, Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Samuel Boone	
13b. MOTHER'S MAIDEN NAME Angelina Hatfield		14. NAME OF HUSBAND OR WIFE J.C. Smith (deceased)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT DuVal Smith, 2625 Frederick Address St. Joseph, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Abdominal Carcinomatosis DUE TO (b) Primary not determined DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH months 1992
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3/10/58 to 4/23/59 and last saw her alive on 4/22/59 Death occurred at 6:10 a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Donald J. Stallard, M.D.		22b. ADDRESS 902 Edmond St.	22c. DATE SIGNED 4/24/59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4/25/1959	23c. NAME OF CEMETERY OR CREMATORY Ashland Mausoleum	23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
24. FUNERAL DIRECTOR Hester Bowman		25. DATE RECD. BY LOCAL REG. 2 May 4, 1959	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Stamp on Reverse Side)

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard terminology in item 18. No symptoms will be listed.

Dr. Donald J. Stallard

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *William Spelling*

Licensed Embalmer No. *4535*

P. O. Address.... *St. Joseph, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.